

RECOMMENDATIONS ON HOW TO BUILD AN ANSI 837 TRANSACTION

THE FOLLOWING RECOMMENDATIONS WILL HELP YOU BUILD AN EFFICIENT 837 TRANSACTION. BY FULLY UTILIZING THE ANSI 837 STANDARD TRANSACTION, FEWER EXCHANGES OF ELECTRONIC DATA OCCUR. THIS TRANSACTION ALLOWS FOR MULTIPLE PROVIDERS PER SUBMITTER, MULTIPLE PATIENTS PER PROVIDER, MULTIPLE CLAIMS PER PATIENT AND MULTIPLE LINES OF SERVICE PER CLAIM.

- ◆ **THE NM109, QUALIFIER 41, SHOULD HAVE THE TRADING PARTNER ID (*Sender*) – (must match TP agreement form)**
- ◆ **INCLUDE MULTIPLE PATIENTS/SUBSCRIBERS IN ST/SE TRANSACTIONS**
- ◆ **INCLUDE MULTIPLE CLAIMS PER PATIENT (UNLESS THE PATIENT ONLY HAS ONE CLAIM)**
- ◆ **HIPAA STANDARDS ALLOW FOR UP TO 100 CLAIMS PER PATIENT LOOP, SO PLACE ALL THE CLAIMS FOR ONE PATIENT INTO ONE PATIENT LOOP**
- ◆ **INCLUDE ALL THE LINES OF SERVICE PER CLAIM**
- ◆ **PLACE ALL ASSOCIATED SERVICE LINES INTO ONE CLAIM LOOP**
- ◆ **NO PERIODS SHOULD BE INCLUDED IN ICD9 CODES**

****** WE STRONGLY RECOMMEND THE USE OF UPPER CASE ALPHA-CHARACTERS; THIS WILL ASSURE DATA LOOKUP COMPATIBILITY.**